



# 2133

Attorney's Docket No.: 42P10961

Patent

In re the Application of: Ali Muhtaroglu

(inventor(s))

Application No.: 09/941,484

Filed: August 28, 2001

For: STRUCTURAL INPUT LEVELS TESTING USING ON-DIE LEVELS GENERATORS

(title)

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COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is a Response and Amendment for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

No additional fee is required.

Technology Center 2100

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 34	Minus	** 32	2
Indep. Claims	* 8	Minus	*** 5	3
	First Presentation of Multiple Dependent Claim(s)			

SMALL ENTITY

Rate	Additional Fee
X9	\$ 0
X43	\$ 0
+145	\$ 0
Total Add. Fee	\$ 0

OTHER THAN A  
SMALL ENTITY

Rate	Additional Fee
X18	\$ 36
X86	\$ 258
+290	\$ 0
Total Add. Fee	\$ 294

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (if applicable)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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X   A check in the amount of \$ 294.00 is attached for presentation of additional claim(s).  
Applicant(s) hereby Petition(s) for an Extension of Time of \_\_\_\_\_ month(s) pursuant to  
37 C.F.R. § 1.136(a).

       A check for \$ \_\_\_\_\_ is attached for IDS processing fees under 37 C.F.R. § 1.17.

       Please charge my Deposit Account No. 02-2666 the amount of \$ \_\_\_\_\_.

A duplicate copy of this sheet is enclosed.

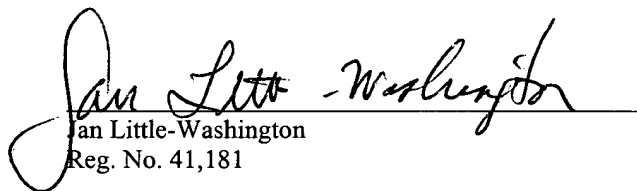
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  X   Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of  
extra claims.

  X   Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 1/26/2004

  
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